

Form 2

## **PRACTICE ASSESSMENT AND PROCESS TRACKING TOOL**

1. Does your practice have an existing commitment to offer colorectal cancer screening to all patients age 50 and older?  
 \_\_\_\_\_ Yes: What year was the policy initiated? \_\_\_\_\_  
 \_\_\_\_\_ No: Are you willing to initiate such a policy? Yes, date \_\_\_\_\_
  
2. Does your practice have an existing procedure for ensuring a complete diagnostic evaluation when a colorectal cancer screening test is positive?  
 \_\_\_\_\_ Yes: What year was the policy initiated? \_\_\_\_\_  
 \_\_\_\_\_ No: Are you willing to initiate such a policy? Yes, date \_\_\_\_\_
  
3. Does your office policy include / are you willing to include in a new policy: Date initiated  
 \_\_\_\_\_ Determination of individual risk level for each eligible patient? \_\_\_\_\_  
 \_\_\_\_\_ Assessment of patient's insurance coverage? \_\_\_\_\_  
 \_\_\_\_\_ Assessment of patient's awareness of and readiness for CRC screening? \_\_\_\_\_  
 \_\_\_\_\_ Assessment of patient's preferences? \_\_\_\_\_  
 \_\_\_\_\_ System in the office to implement screening and follow-up? \_\_\_\_\_
  
4. Does your office system for colorectal cancer screening have / are you willing to include:  
 \_\_\_\_\_ A systematic plan (algorithm) to implement the policy? \_\_\_\_\_  
 \_\_\_\_\_ Is the algorithm posted? \_\_\_\_\_  
 \_\_\_\_\_ Process for remaining current with status of local medical resources? \_\_\_\_\_
  
5. Does your office system have a colorectal cancer screening reminder system including:  
 Office processes  
 \_\_\_\_\_ Chart prompts \_\_\_\_\_  
 \_\_\_\_\_ Audits and feedback \_\_\_\_\_  
 \_\_\_\_\_ Ticklers and logs \_\_\_\_\_  
 \_\_\_\_\_ Staff assignments \_\_\_\_\_  
 Patient education  
 \_\_\_\_\_ Posters \_\_\_\_\_  
 \_\_\_\_\_ Brochures \_\_\_\_\_  
 \_\_\_\_\_ Reminder postcards \_\_\_\_\_  
 \_\_\_\_\_ Reminder letters \_\_\_\_\_  
 \_\_\_\_\_ Reminder calls \_\_\_\_\_